

DESIGNATION OF MAIN FACS AGENCY SECURITY ADMINISTRATOR AND BACKUP(S)

It is the agency's responsibility to maintain effective control over which employees have access to which MAIN FACS functionality, and also to appropriately segregate the duties performed by its employees to achieve adequate internal controls over their financial records and transactions.

The following person is designated as the Agency Security Administrator (ASA):

Name: _____ Agency: _____

FACS/Batch Agency Number(s): _____

Position: _____ FAX Number: (____) _____

Telephone Number: (____) _____ E-mail: _____

ID Mail Address: _____

Signature Sample: _____

This person also needs: ☐ RACF Tool Kit ☐ MAP Administrator Functionality

The following person(s) is (are) designated as the backup ASA(s):

Name: _____ Agency: _____

FACS/Batch Agency Number(s): _____

Position: _____ FAX Number: (____) _____

Telephone Number: (____) _____ E-mail: _____

ID Mail Address: _____

Signature Sample: _____

This person also needs: ☐ RACF Tool Kit ☐ MAP Administrator Functionality

Name: _____ Agency: _____

FACS/Batch Agency Number(s): _____

Position: _____ FAX Number: (____) _____

Telephone Number: (____) _____ E-mail: _____

ID Mail Address: _____

Signature Sample: _____

This person also needs: ☐ RACF Tool Kit ☐ MAP Administrator Functionality

Please delete the following ASA and/or backup ASA(s):

Name: _____

Name: _____

Agency Chief Financial Officer: I authorize these individuals to serve in this capacity for the above agency.

Printed Name

Signature

Date

Form A-2216 (6/26/03)

Return Completed Form To:
State Budget Office
Office of Financial Management
Support Services Division
Security Management & Audit Analysis Section
Romney Building, 5th Floor
Lansing, MI 48909

All signatures must be original.